INCOME YEAR BEGINNING IN

1997

Street address

For calendar year 1997 or fiscal year beginning

Application for Transfer of S Corporation 1997 Overpayments to Shareholders

| CALIFORNIA | FORM |
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| CALII CININA | I OINI |

3833

9 Y Y

California corporation number

Federal employer identification number

| City | | | | | | State | • | | ZIP code | |
|--|--|--|--|--------------------------------|--|---------------------------------------|--|---|--------------------|--|
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| General Instructions Notification t | | | ation to Shareholders | | | Line 4 – Enter the portion of the amo | | | the amount entered | |
| Legislation enacted in October 1997 allows a corporation that has elected or will elect S corporation status for California purposes to request a | | whose name i ment showing ments being to | The corporation must furnish to each shareholder whose name is listed on form FTB 3833 a statement showing amounts and dates of the payments being transferred to the shareholder's personal income tax account. | | | | on line 1b to be applied to the quarterly installment of estimated tax due for the S corporation. The amount for the first quarter may not be less than the \$800 minimum tax. | | | |
| ferre | ed to the personal income tax accounts of its | • | ne amount transferred will have the same pay- | | | | Part II Enter the name, address, social security number | | | |
| shareholders. Transfers are allowed only for income years beginning in 1997, and only if the total amount to be transferred is at least \$500. Transfers are applied to each shareholder's tax | | ment date of t payments. | | | | | or federal employer identification number (FEIN), percentage of ownership and the amount of overpayment to be transferred to each shareholder for each payment. | | | |
| 199 | lity only for the taxable year beginning in 7. | Specific L | pecific Line Instructions | | | | If the number of shareholders has changed dur- | | | |
| S corequested for correction the lifth correction to the toth FTE the | prporations must use form FTB 3833 to present the transfer of corporate estimated tax ments to shareholders. However, form 3833 may not be used to request a refund redit of estimated tax payments to the corporation. A refund or credit must be requested on corporation's tax return. The total amount available to transfer from the poration to its shareholders is less than the poration to its shareholders amount among shareholders on a pro rata basis, according the percent of ownership stated on form 3833. If the S corporation uses a fiscal year, transfer will apply to the shareholder's tax lianger for 1998. | Part I Line 1b – Include in the amount on line 1b any S corporation Schedule D taxes or tax on excess net passive income that is assessed at the 8.84% rate (10.84% for financial corporations). Line 1c – The sum of the amounts entered on line 1c must equal or exceed \$500 for the trans- | | | | | income year, resupercentages, attacentage of ownersed tax payment for as of that date. Fransferred to shape total amount of the total amount of the the amounts. I to: FRANCHIS PO BOX 9 | come year, resulting in changes to own- centages, attach a schedule showing ntage of ownership on the date of each tax payment for each shareholder of of that date. Insterred to shareholders. Be sure to total amount of overpayments to be d on Side 4. The total transferred may d the amounts on Side 1, line 5. | | |
| Par | t I Computation of Overpayment | | | | | | | | | |
| 1a | Total estimated tax payments paid for income ye | ear beginning in | 1997 | | | | | 1a | | |
| 1b | S corporation estimated tax liability for income y | | | | | | | | | |
| | corporations use 3.5%) of the corporation's estin | | | | | | | 1b | | |
| 1c | Amount available for transfer to shareholders. So | | | | | | - | 1c | | |
| | Enter in columns (a) through (d) the date of each | | | (a) | |)) | (c) | | (d) | |
| | tax payment for the income year beginning in 1997 | | | | | | | | | |
| 3 | Enter in columns (a) through (d) the amount of | | | | | | | | | |
| estimated tax payment made on the date shown on line 2. | | | | | | | | | | |
| | The sum of the amounts entered on this line she | | | | | | | | | |
| | the amount on line 1a | | 3 | | | | | | | |
| | 4 Amount of payment to be applied to estimated tax. The sum of the amou | · · | | (not less than) minimum tax | | | | | | |
| | on this line should equal the amoun | | 4 | | | | | | | |
| | | | • | | | | | | | |
| | The sum of the amounts entered on | | | | | | | | | |
| | may not exceed the amount on line | | 5 | | | | | | | |
| | | | | | | | | | | |
| | 5 Amount available for transfer to shall The sum of the amounts entered on may not exceed the amount on line FOR FTB USE ONLY | | | | | | | | | |
| | Signature of Officer or | | | | | | | | | |
| | person completing form | | | | | | Da | ate _ | | |
| | | | | | | | | | | |
| Print name Telephone | | | | | | | | | | |
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| Part II Distribution To Shareholders | | | | | | |
|---|-----------------------------|-------------------|-----|------------------|-------------------|------|
| Shareholder name | Social Security No. or FEIN | % of Ownership | Am | ount of Overpaym | ent to be Transfe | rred |
| and address | or FFIN | Ownership | (a) | (b) | (c) | (d) |
| | 0 | | (u) | (5) | (6) | (u) |
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| Part II Distribution To Shareholders (continued) | | | | | | | | |
|--|-----------------------------|-------------------|---|-----|-----|-----|--|--|
| Shareholder name | Social Security No. or FEIN | % of Ownership | Amount of Overpayment to be Transferred | | | | | |
| and address | or FEIN | Ownership | (a) | (b) | (c) | (d) | | |
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| Shareholder name | Social Security No. | % of Ownership | | Amount of Overpaym | | |
|--|---|--------------------|-----|--------------------|-----|-----|
| and address | or FEIN | Ownership | (a) | (b) | (c) | (d) |
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| TOTAL TRANSFERRED TO SHAREHOLI on Side 1, line 5. If the total amount avai amount requested, the FTB will allocate the | | | | | | |
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| TOTAL TRANSFERDED TO SUADELIOL | DEDS: (May not avecad the | o amounto | | | | |
| TOTAL TRANSFERRED TO SHAREHOL on Side 1, line 5. If the total amount avai | DEKO: (IVIAY NOL EXCEED THE lable to transfer is loss than | e amounts n the | | | | |
| amount requested, the FTB will allocate the | ne available amount amond | the share- | | | | |
| holders on a pro rata basis according to t | he nercent of ownership \ | | 1 | 1 | 1 | 1 |